LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619) $\begin{array}{c} Page \underline{\hspace{0.5cm}} of \underline{\hspace{0.5cm}} Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

05 MAR 11 AM 11: 20

SECRETARY OF STATE STATE OF IDAHO

			early in black ink)						SIMIL	01		
See instructions at bottom of page Lobbyist's name and permanent business address							repared		Period covered			
Michael E HJAII 500 Filmora Ave						3-8-05				month ending		
R	bcale	1205					(M)	ا ا	(Yr.) (Yr.)			
Item 1			le expenditures made or			or by	Lobbyist's Emple	oyer on	behalf of Lot	obyist's Em	ployer.	
Reimburse	tegory of Ex d Personal Livi Pertaining to Lo		* Total Amount for		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
Do Not Have to be Reported			All Employers	Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4		
Entertainment Food and Refreshment			\$	\$		\$	\$		 			
Living Accommodations						_ ا						
Advertising						_				.		
Travel						_				.		
Telepho	one											
Other Expenses or Services												
Total \$				\$		\$				\$		
*/			I you are reporting for requ							entered or	n Page 1.	
Item 2												
	Date		Place		Amour	<u>ıt</u>	Names C	n Legisia	nois & Fublic	Officials III (этоир	
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<u> </u>	Continued on	attached page(s)		· · · · · · · · · · · · · · · · · · ·			<u>'</u>					
INSTRUCTIONS						em 3		nployer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						1 6	Brother Engineer	₩0 \$ 1	NG IN	Lock Nr. M	<u> </u> ም ር	
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.												
TO BE FILED WITH: Ben Ysursa Secretary of State						3						
PO Box 83720 Boise. ID 83720-0080						4						

it's employer in the nature of contributions of money or other tangible or intangible if of any legislator.								
Name of Legislator Receiving or Benefited								
resources, forest and roducts, fisheries, mining products ands, parks, recreation insurance, unemployment ce, public assistance, en's compensation ortation, highways, and roads, communications, ones, radio, newspaper, CATV, gas please specify)								
cturing, resource roducts, ning pro lands, pe lands, pe lands, pe len's com- portation, and road s, comm ons, rad CATV,								

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Lobogist signature Date